



MEMORIAL ATHLETIC CLUB

Method CRA-Testing Pretest Questionnaire

(To be filled out on THE DAY OF THE TEST by the client)

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Are you prepared for your Method Test today (check all that apply):**

- I have eaten well all day prior to my test and ate a good meal within the last 2 hours.
- I am well hydrated.
- I have not consumed any alcohol in the last 24 hours.
- I have not worked out within the last 24 hours.
- I am not feeling sick today or during the past week.
- I have NOT taken any cold medications or any other medications in the past 48 hours that could alter my test results or cause my test to need to be rescheduled.
- I do not have any recent injuries (within the last week).
- I am prepared to work hard.
- My Doctor has cleared me to workout and I do not have any exercise restrictions.
- I have not had any change in my medications during the past 6 weeks.
- I take the following medications on a daily or routine basis:

\_\_\_\_\_  
\_\_\_\_\_

- I am excited!

My fitness goals are?

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Method Tester Signature

